Approved for use through 01/31/2014. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTIMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it disease.

Date 2011-12-21

FEE TRANSMITTAL    Applicant claims small entity status. See 37 CFR 1.27   First Named Inventor Soon Tae-Ahn			T	Complete if Known						
First Named Inventor  Applicant claims small ertilty status. See 37 CFR 1.27  Applicant claims small ertilty status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$)  O  Attorney Docket No.  SAMH100002000  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  (7) Deposit Account beyond Account the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee  Charge fee(s) indicated below. (except for the filling fee)  Charge fee(s) indicated below. (except for the filling fee)  Crodit any overpayments  EXAMINATION FEES  Small Entity  Fee (s)  Fee										
Applicant claims small entity status. See 37 CFR 1.27   Art Unit	FEE	TTAL			24, 2007					
Act Unit   1793   Actorney Docket No.   SAMHH00002000					First Named In	ventor Soon	n Tae-Ah	nn		
TOTAL AMOUNT OF PAYMENT (S) 0 Attorney Docket No. SAMH100002000  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account No posit Account, the Director is hereby authorized to: (check all that apply)  Check Tredit Card Money Order None Other (please identify):  Deposit Account the Deposit Account, the Director is hereby authorized to: (check all that apply)  Charge are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are additional fee(s) or underpayments of fee(s) Windicated below, except for the filing fee or here are a fee or here are a fee or here and the fee or here are a fee or here are a fee or here and the fee or here are a fee or here	F-71				Examiner Nam	e C.S.	Kessler			
METHOD OF PAYMENT (check all that apply)  Check	✓ Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1793	1793			
Check Credit Card Money Order None Other (please identity):    Deposit Account Deposit Account, the Director is hereby authorized to: (check at that apply)	TOTAL AMOUNT	0	Attorney Docke	et No. SAM	SAMH100002000					
Deposit Account Deposit Account, the Decide   Deposit Account Name   Decide   Decide   Deposit Account   Deposit Account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all that apply)									
Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)	Check Credit Card Money Order None Other (please identify);									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee										
Credit amy overpayments   Credit   Credit amy overpayments   Credit   Credi										
MARING: Information on this form was become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   PEEE CALCULATION    1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
WASHING LL-1 under 37 CFR 1.16 and 1.17										
Information and authorization on PTO-2038.	U under 37 CFR 1.16 and 1.17 □									
Application Type	Information and authorization on PTO-2038.									
FilMG FEES   Small Entity   Fee (3)   Fee (5)   Fee (5	FEE CALCULATION									
Application Type	1. BASIC FILIN				DOLLETTO	EVALUATA	TION CO			
Application Type   Fee (5)   Fee (5)   Fee (5)   Fee (5)   Fee (5)   Fee (6)   Fee (6)   Fee (6)			Small E	ntity	Small Entity	S		itv		
Design					\$) Fee (\$)			Fees Paid (\$)		
Plant   250   125   380   190   200   100										
Reissue										
Provisional 250 125 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Desiriblion  Fach Claim over 20 (including Recissues) 250 125  Multiple dependent claim over 3 (including Recissues) 250 125  Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Fee Pa			120					-		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each claim over 20 (including Reissues)  Each diam over 20 (including Reissues)  Each diam over 20 (including Reissues)  Each diam over 20 (including Reissues)  Extra Claims  Fee (3)  Fee Paid (5)  Fee Paid (6)  Fee Paid (6)  Fee Paid (7)  Fee Paid (8)  Fee Paid (9)  Fees Paid (9)					310					
Fee Description   Fee (\$)   Fee (\$			125	0	0	0	0			
Each Indim over 20 (including Reissues)   250   30										
Multiple dependent claims    As0   225										
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Fee Paid (\$)										
-20 or HP = "Fee Paid (\$)   Fee Paid (\$)	Multiple dependent claims							) 225		
Po Highest number of total claims paid for. If greater than 20.   Indep. Claims   Extra Claims	Total Claims	Extra	Claims	Fee (\$) Fe	e Paid (\$)		Multip			
Indep. Cialms Series State Claims Fee (\$) Fee Paid (\$)  - 3 or IPP = X = S  IPP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR. 12(c)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(c)(1)(d) and 37 CFR. 116(c).  Total Sheets 100 = State Sheets Number of each additional 80 or fraction thereof (round up to a whole number) x = Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):							Fee	(\$) <u>Fee Paid (\$)</u>		
FP = highest number of independent datins paid of, if greater than 3.   APPLICATION SIZE FEE	Indep. Claims	Extra			e Paid (\$)					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 4(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets										
Ilstings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 4(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof.  -100 = 150 = 150 = 100 = 150 = 10	3 APPLICATION SIZE FEE									
shects or fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 37 CFR.116(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = 150 = (round up to a whole number) x  4. OTHER FEE(s)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):    Registration No. 100	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
Total Sheets   Starta Sheets   Number of each additional 50 or fraction thereof   Fee Paid (\$)    4. OTHER FEE(\$)   Non-Linglish Specification, \$130 fee (no small entity discount)   Other (e.g., late filing surcharge):   Fees Paid (\$)    UBMITTED BY   Registration No. (Adden)   Telephone 200, 302 655.										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):    Begistration No. 1000   Telephone 200, 207, 0505	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):  UBMITTED BY Registration No. 1000 Telephone 200, 707, 6565		- 100 =	/5	0 =	(round <b>up</b> to a	whole number	r) × _	=		
Registration No. Telephone one 1927 DESIGN			\$130 fee	(no small entity	/ discount)			Fees Paid (\$)		
Registration No. 14073 Telephone 202 707 0505	Other (e.g.,	ate filing sureh	arge):							
Registration No. 14073 Telephone 202 707 0505	SUBMITTED BY	00		2						
	Signature	125	15	2	Registration No. (Attomey/Agent)	31867	Tel	lephone 203-787-0595		

This calcision of information is required by T CFR 1.196. The information is required to obtain or retain a benefit by the public which is to fixed by the ULBTFO to procession an emplication. Conflicted ship is governed by \$3.1.5.0. 122 and 37 CFR 1.14. This concludes in seminated to leak 9.0 millious to complete, including againshiring, preparing, and submitting the completed againstance from to the USPTO. Then will very depending upon the individual case. Any comments on the amount of time you require to complete this form andired vagagetous for making this burden, should be sent to the Chief information Officer. U.S. Patent and Traderise's Chief. U.S. Department of Commerce, P.O. Box 1450, Meximitia, VA 22313-1450, DO NOT SCRID FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissionion for Patents P.O. Box 1450, Meximitia, VA 22313-1450, DO NOT SCRID FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissionion for Patents P.O. Box 1450, Meximitia, VA 22313-1450.

Name (Print/Type) Peter W. Peterson